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FROM: Ineke Sweeney (Typed or printed name of person signing Certificate)

Fax No. 513-634-3612

Phone No. 513-634-4277

Application No.: 10/673,659

Inventor(s):

Stelljes, Jr., et al.

Filed:

September 29, 2003

Docket No .:

9372

Confirmation No.: 2454

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- 3) Fee Transmittal

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FEE TRANSMITTAL	Complete if Known			
for FY 2006	Application Number	10/673,659],
Patent fees are subject to annual revision.	Confirmation Number	2454]
Effective December 8, 2004	Filing Date	September 29, 2003	PECEN	100
	First Named Inventor	Stelljes, Jr., et al.	CENTRAL FAX	ED
•	Examiner Name	D. J. Loney	TAX	CENTER
	Art Unit	1772	FFR 2 1	
TOTAL AMOUNT OF PAYMENT (\$620.00)	Attorney Docket No.	9372	- 20 2 1	2006

METHOD OF PAYMENT	FEE CALCULATION (continued)			
The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and	5. ADDITIONAL FEES Fee Description Fee Poi			
charge any additional fee(s) during the pendency of this	Extension for reply within 1st month (\$120)	[X]		
application to:	Extension for reply within 2 nd month (\$450)	n		
Deposit Account Number: 16-2480	Extension for reply within 3 rd month (\$1,020)	_		
Deposit Account Name: The Procter & Gamble Company	Extension for reply within 4 th month (\$1,590)	_		
FEE CALCULATION	Extension for reply within 5th month (\$2,160)	-		
2. BASIC FILING FEE - Large Entity				
FILING SEARCH EXAMINATION	Information Disclosure Statement fee (\$180)	0		
fee fee <u>fee</u>				
Application	37 CFR 1.16(e) Late Oath/Declaration			
Type Fee Paid	(nonprovisional) (\$130)	0		
Utility (\$300) (\$500) (\$200)	37 CFR 1.17 (q) Missing Parts (provisional) (\$50)	().		
(Total = \$1000)				
Design (\$200) (\$100) (\$130)	Non-English specification (\$130)	0		
(Total = \$430)				
Reissue (\$300) (\$500) (\$600)	Notice of Appeal (\$500)	0		
(Total = \$1400) []				
Provisional filing fee (Total = \$200)	Filing a brief in support of an appeal (\$500)	[X]		
3. APPLICATION SIZE FEE:	Request for oral hearing (\$1,000)	0		
Sheets of Spec and Drawings				
(\$250 for each 50 sheets in excess of 100, except for	Acceptance of unintentionally delayed claim for priority			
sequence and program listings)	under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) (\$1,370)	0		
SUBTOTAL (2)+(3) (\$)[]	Other:	0		
4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE:				
Extra Fee from Fee				
<u> Claims</u> <u>Below</u> <u>Paid</u>				
Total Claims [] - 20** = [] x [] = []				
Independent Claims () - 3** = [) x				
Multiple Dependent claims:				
** or number previously paid, if greater, For Reissues, see below				
Fee Description	}			
Claims in excess of 20 (\$50 per claim)	·			
Independent claims in excess of 3 (\$200 per claim)				
Multiple dependent claim, if not paid (\$360)				
**Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim)				
**Reissue claims: each claim over 20 and more than original patent (\$50 per claim)	·			
SUBTOTAL (4) (5)]	SUBTOTAL(5)	(\$) [620]		

SUBMITTED BY			Comple	Complete (if applicable)		
Name (Print/Type)	Betty J. Zea		Registration No. (Attorney/Agent)	36,069	Telephone	(513) 634-5392
Signature	Detty 1	.7=			Date	February 21, 2006

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